

**VIRGINIA DEPARTMENT OF SOCIAL SERVICES**  
**DIVISION OF LICENSING PROGRAMS**

**PART II: PROGRAM ADDENDUM TO APPLICATION FOR LICENSURE OF A  
FAMILY DAY HOME**

**NAME OF FAMILY DAY HOME:**

<b>REQUEST FOR LICENSURE LEVEL</b>	<b>CURRENT CAPACITY</b>
Number of children for which you wish to be licensed:  Age range: From:            through:	Number of children receiving care in your home now: Age range: From:            through:
Name of assistant(s), if any:	Name of Substitute Provider (s), if any:
Days and Hours of Normal Operation:	Will you provide nighttime care? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>INFORMATION ABOUT YOU</b>
Describe your experience in working with groups of children located away from the children's homes (only required at initial application):          
Are you caring for someone in your home aged 13 or older who requires help with bathing, dressing, eating, toileting, or transferring?

<b>INFORMATION ABOUT THE HOME</b>		
A. Number of rooms used for child care activities:	B. Number of toilets inside the home:	C. Source of water supply: (Check one) <input type="checkbox"/> Public <input type="checkbox"/> Private: owned by
D. Is there a septic tank? <input type="checkbox"/> Yes <input type="checkbox"/> No		E. List any animals by breed/type that reside in the home or on the premises:
F. Is the telephone a landline? <input type="checkbox"/> Yes <input type="checkbox"/> No		G. Is the number for the phone unlisted? <input type="checkbox"/> Yes <input type="checkbox"/> No

INFORMATION ABOUT WHO RESIDES IN THE HOME			
FULL NAME	BIRTH DATE	RELATIONSHIP	GENERAL HEALTH DESCRIPTION
		SELF	

REQUIRED ATTACHMENTS FOR INITIAL APPLICATION	
1.	Completed Contact with Zoning Administrator form.
2.	Staff Information Sheet
3.	A copy of the tuberculosis screening obtained within the last 30 days for the applicant, each assistant and substitute provider, and all household members 18 years of age and older.
4.	A copy of the Criminal History Record Report obtained from the state police within the last 90 days for the applicant, each assistant and substitute provider, and all household members 18 years of age and older.
5.	A copy of the Sworn Disclosure Statement completed within the last 90 days by the applicant, each assistant and substitute provider, and all household members 18 years of age and older.
6.	A copy of the Child Protective Services Central Registry Check obtained from the Virginia Department of Social Services within the last 90 days for the applicant, each assistant and substitute provider, and all household members 14 years of age and older.
7.	Verification of the applicant's high school graduation or completion of General Equivalency Development (GED.)
8.	Verification of age of the applicant, assistant(s), and substitute provider(s). Examples: copies of birth certificate, photo ID from a government agency, driver's license.
9.	A copy of all forms to be used by the family day home, if different from the model forms provided by the Department of Social Services.

REQUIRED ATTACHMENTS FOR RENEWAL APPLICATION	
1.	Completed Contact with Zoning Administrator form (if it was not submitted with the Initial Application)
2.	A copy of the most recent Criminal History Record Report obtained from the state police for the applicant and all household members 18 years of age and older,.
3.	A copy of the most recent Sworn Disclosure Statement completed by the applicant and all household members 18 years of age and older.
4.	A copy of the most recent Child Protective Services Central Registry Check obtained from the Virginia Department of Social Services for the applicant and all household members 14 years of age and older.
5.	Staff Information Sheet
6.	A copy of all forms that have changed since the facility's last license was issued. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported